

Exhibit A

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.		FORM APPROVED OMB NO.: 0579-0036																													
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		DO NOT USE THIS SPACE - OFFICIAL USE ONLY																													
APPLICATION FOR LICENSE (TYPE OR PRINT)		SEND THE COMPLETED FORM TO: USDA APHIS ANIMAL CARE <i>WR-11-0038, ck. 2568</i> Western Region 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117 (970) 494-7478 <div style="text-align: right;"><i>Rae</i></div>																													
<input checked="" type="checkbox"/> RENEWAL		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">LICENSE NO./CUST NO</td> <td style="width: 20%;">RENEWAL DATE</td> <td colspan="2" style="text-align: center;">FEES</td> </tr> <tr> <td>43-C-0315 321991</td> <td>24-Jun-2011</td> <td style="width: 20%;">AMOUNT</td> <td style="width: 30%;">DATE RECEIVED</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><i>185.00</i></td> <td style="text-align: center;"><i>17 June 11</i></td> </tr> </table>		LICENSE NO./CUST NO	RENEWAL DATE	FEES		43-C-0315 321991	24-Jun-2011	AMOUNT	DATE RECEIVED			<i>185.00</i>	<i>17 June 11</i>																
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1. NAME(S) OF OWNER(S) AND MAILING ADDRESS Connie Braun Casey 12338 Hwy C C Festus, MO 63028 COUNTY: Jefferson TELEPHONE (636) 931-8411		2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. 2/Box not acceptable) 12338 Hwy C C Festus, MO 63028 County: Jefferson TELEPHONE ()																													
3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS <div style="font-size: 1.2em;"><i>43-C-0126</i></div> <div style="font-size: 0.8em;"><i>Connie Braun same address</i></div>		4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST <div style="text-align: center; font-size: 1.2em;"><i>N/A</i></div>																													
5. TYPE OF LICENSE <input type="checkbox"/> A - Dealer (Breeder) <input type="checkbox"/> B - Dealer <input checked="" type="checkbox"/> C - Exhibitor		6. DATE OF LAST BUSINESS YEAR <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>MO</th><th>DAY</th><th>YEAR</th> <th>MO</th><th>DAY</th><th>YEAR</th> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">6</td><td style="text-align: center;">1 6</td> <td style="text-align: center;">0</td><td style="text-align: center;">6</td><td style="text-align: center;">1 6</td> </tr> </table>		FROM			TO			MO	DAY	YEAR	MO	DAY	YEAR	0	6	1 6	0	6	1 6										
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7. NATURE OF BUSINESS (Check item that describes nature of your business) <input type="checkbox"/> A - Zoo <input type="checkbox"/> B - Aquariums <input type="checkbox"/> C - Auction <input type="checkbox"/> D - Breeder <input type="checkbox"/> E - Pets <input type="checkbox"/> F - Roadside Zoo <input type="checkbox"/> G - Circus <input checked="" type="checkbox"/> H - Animal Acts <input type="checkbox"/> I - Carnival <input type="checkbox"/> J - Drive thru <input type="checkbox"/> K - Pet Store <input type="checkbox"/> L - Broker Zoo		8. TYPE OF ORGANIZATION <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____																													
9. LIST OWNERS, PARTNERS, AND OFFICERS																															
NAME AND TITLE		ADDRESS																													
<i>LISA HARNEO</i>		<i>Market St.</i>																													
<i>Connie Braun Casey</i>		<i>Festus MO 63028</i>																													
<i>12338 Hwy CC Festus MO 63028</i>																															
10. DEALER ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR</td> <td style="width: 50%;"></td> </tr> <tr> <td>TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR</td> <td></td> </tr> <tr> <td>TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS</td> <td></td> </tr> <tr> <td>DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)</td> <td></td> </tr> </table>		TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR		TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR		TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS		DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)		11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DOGS</td> <td style="width: 30%;"></td> <td style="width: 30%;">RABBITS</td> <td style="width: 10%;"></td> </tr> <tr> <td>CATS</td> <td></td> <td>NONHUMAN PRIMATES</td> <td style="text-align: center;"><i>36</i></td> </tr> <tr> <td>GUINEA PIGS</td> <td></td> <td>MARINE MAMMALS</td> <td></td> </tr> <tr> <td>HAMSTERS</td> <td></td> <td>WILD OR EXOTIC MAMMALS</td> <td></td> </tr> <tr> <td colspan="2">OTHER (i.e., farm animals) (List Species and No.)</td> <td colspan="2">TOTAL: <i>36</i></td> </tr> </table>		DOGS		RABBITS		CATS		NONHUMAN PRIMATES	<i>36</i>	GUINEA PIGS		MARINE MAMMALS		HAMSTERS		WILD OR EXOTIC MAMMALS		OTHER (i.e., farm animals) (List Species and No.)		TOTAL: <i>36</i>	
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CERTIFICATION <i>4/26/11</i> <i>40 animals</i> <i>Rae</i>																															
I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.																															
12. SIGNATURE <i>Connie Braun Casey</i>		13. NAME AND TITLE (Type or Print) <i>Connie Braun Casey</i>																													
		14. DATE <i>4/13/11</i>																													

APHIS FORM 7003
(JAN 1995)

(Previous editions are obsolete)

JUN 17 2011

CASEY-00572